

# Memorandum

To : STATE CONTROLLER'S OFFICE EMPLOYEES

Date: January 5, 2005

From : State Controller's Office  
Steve Westly  
California State Controller

Subject: STATE EMPLOYEE DISABILITY QUESTIONNAIRE – Std. 740

Under the Rehabilitation Act of 1973 and California Government Code Section 19233, the State Personnel Board (SPB) requires departments to periodically provide their employees with the opportunity to self-identify their disabilities. Accordingly, I ask your cooperation in completing and returning the bottom portion of the attached State Employee Disability Questionnaire (Std. 740).

The State Controller's Office is firmly committed to the pursuit of equal employment opportunities for all our employees, including those with disabilities. One of the many ways to ensure equal employment opportunity and to determine the status of our efforts is to collect complete and accurate statistical information. Data collected will be incorporated into the State Controller's Office Employment History Data Base.

Please note that your confidentiality is guaranteed in accordance with the Privacy Act of 1974 (PL 93-579). Completing the questionnaire is requested on a voluntary basis. Your Social Security Number is needed only to identify you as an employee of the State Controller's Office. If you do not provide your Social Security Number, you cannot be counted as an employee with a disability.

Before completing the attached questionnaire, please read the instructions carefully. **USING A #2 PENCIL ONLY**, enter your Social Security Number in the shaded box area and fill in the bubbles that correspond to your Social Security Number. Locate the appropriate code letter for your primary disability in the column next to the shaded box and fill in the bubble. If you have more than one disability, you may indicate up to three additional disabilities in the column headed Secondary Disability. Note: There is also a code "X" which indicates "No Disability".

After you have completed the questionnaire, tear off the perforated bottom portion and place it, address side up, in the provided window envelope and return the sealed envelope to the EEO/Disability Office, 300 Capitol Mall, #311 (interagency), the Human Resource Office, 300 Capitol Mall, #619 (interagency), or simply give it to your division's Disability Coordinator to forward to the EEO/Disability Office

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(See the attached list of Disability Coordinators for your convenience). The sealed envelopes will be hand-delivered to the SPB. If you prefer to mail the questionnaire directly to the SPB, you may do so.

Although the completion of the disability questionnaire is voluntary, I highly encourage you to complete it accurately and return it by January 19, 2005. It is critical for the State to have complete and accurate information on the representation of employees with disabilities in order to justify programs and resources needed to facilitate the hiring of persons with disabilities.

If you have any questions about this memo and instructions, please contact the Disability Officer, Susan Ward, at (916) 323-3055 or [sward@sco.ca.gov](mailto:sward@sco.ca.gov). If you have questions concerning the disability identification process, you may contact the State Personnel Board's Office of Civil Rights at (916) 653-1276 or TTY (916) 653-1498.

SW:sjw

cc: Linda Adams  
Rick Chivaro  
Gerard Anderson  
Judy Lucas

Attachments